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ABSTRACT

Of the 2.5 million reported cases of child abuse and neglect reported in 1990, 9 percent involved emotional abuse. However, unclear guidelines on what constitutes emotional abuse make it difficult for school nurses to intervene over suspected abuse. This paper describes the development of an instrument that defines emotional maltreatment in operational terms and that can be used by school nurses. Members (N=174) of a state nurse's association were surveyed in order to describe their opinions on referral of school-age children to social service agencies for emotional maltreatment. An adaptation of an instrument of 16 parental behavior clusters that operationally defines emotional maltreatment was used. The questionnaire adapted for this research asked if school nurses "would" or "would not" refer parents or guardians to local social service agencies for the 16 emotional maltreatment examples described in the survey. The nurses' personal characteristics were then correlated with the questionnaire. The percentage of nurses that "would refer" the parental examples ranged from 51 percent to 99 percent. Three of the 16 examples were rated referable by 99 percent of the nurses. A school nurse's experience had no apparent influence on how the nurse answered and a child's race or gender did not affect referral rate. Included in appendixes are a sample questionnaire and Operational Definitions of Emotional Maltreatment of School-Age Children. Contains 37 references. (RJM)

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PRESENTAT ON AT THE NATIONAL ASSOCIATION OF SCHOOL NURSES, INC. 26TH ANNUAL CONFERENCE

JULY 2, 1994

ORLANDO, FLORIDA

SESSION: ADVANCING PRACTICE THROUGH RESEARCH

PRESENTER: SHERRY A. BJERKE RN, MA

LILLIAN WALD RESEARCH AWARD 1994
"OHIO SCHOOL NURSES DEFINE EMOTIONAL MALTREATMENT OF SCHOOL-AGE CHILDREN"

ABSTRACT

Members of the Ohio Association of School Nurses (n=174) were surveyed in order to describe their opinions on referral of school-age children to social service agencies for emotional maltreatment. An adaptation of an instrument of parental behavior clusters that operationally defines emotional maltreatment, developed by Walter and Thelma Baily, was used. Nurses rated the clusters for the variable "would" or "would not" refer to a social service agency. The ratings for "would refer" ranged from 51-99%.

Personal attributes of the school nurses did not correlate with high magnitude with their scoring of the parental clusters. The gender or race of the child was found to have no significant effect on the nurses' referral score.

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S. BJERKE

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The sobbing boy sat outside the health office on the bench waiting to see the principal. Despite the warm Fall day his winter coat and hood covered his head. The source of his distress was visible as his head came up from his lap as I approached him. This 8 year old was embarrassed to return to class, fearful of the teasing that awaited him. He knew that his peers would see his totally shaved head. "My parents got very mad last night at me and told me that they would teach me a lesson. They shaved all my hair off. I can't let anyone see me like this."

Lunchtime. Once again the rush of the 12:00 Ritalin crowd. Certainly Stephan hasn't forgotten again!! I finally locate him in another part of the building. He really doesn't want to take any pill in spite of the fact that, when he does, everyone (he, his teachers, and mother) notice a dramatic improvement in the quality and amount of his class work. I learn that his parents (divorced for 5 years) are constantly battling for custody of the children. Father believes that Ritalin will make you crazy and wants to discredit every way that his former wife parents. He tells his son to pretend to take the drug and to spit it out. A non-custodial parent using his own son to battle against his former wife. Stephen is in the middle wishing to please both and unsure whom to obey. Meanwhile this 6th grader's academics are suffering and his low self-esteem has begun to increase behavior and social problems.

Only two examples of emotional maltreatment, and they may not surprise you. I know you could relate similar anecdotes from your own school nursing experience. These experiences and others have fueled my interest and energies into studying about emotional maltreatment and what school nurses can do about it.

This afternoon I will briefly describe research that I have completed in which school nurses were surveyed about the referral of school-age children to social service agencies for emotional maltreatment. The handouts that you received contain an abstract of the research and the 16 operational definitions that nurses rated. This research was completed for my master's degree at The Ohio State University. Two advisors assisted me-Dr. Larry E. Miller (Agricultural Education Department) and Dr. Cory Bates (Health Education Department).

PURPOSE OF RESEARCH

In 1990 there were 2.5 million reported cases of child abuse and neglect. 9% of these cases were emotional abuse (Hanks & Samuel, 1992). In 1974 the Child Abuse Prevention and Tratment Act was the first federal law to recognize the concept of emotional maltreatment (Burgess et al., 1990). Definitions now vary from state to state. In 1989 emotional maltreatment first became reportable in Ohio as an offense. In addition the law in Ohio now requires a four hour training on child abuse for mandated reporters in grades K-6th grade in the schools.

Local social service agencies develop their own guidelines for reporting and defining emotional maltreatment. Emotional abuse and neglect have been poorly defined by Ohio law and by social service agencies. Unclear guidelines make it difficult for Ohio school nurses to justify reporting and intervening with families. Moreover, lack of research in the school nurse profession has left a gap in information describing how school nurses define emotional maltreatment.

The purpose of this research was to find an instrument that school nurses could use that defines emotional maltreatment in operational terms. This research pilot tested and reported a reliability coefficient for abusive parental behavior examples that had been developed in a study by Walter and Thelma Baily (1986). My survey research describes how Ohio school nurses rated these examples. The main characteristic studied was whether the nurse "would" or "would not" refer the family if certain abusive behaviors were present. Personal characteristics of the nurses were correlated with the questionnaire.

RESEARCH QUESTIONS

This research addressed the following questions:

1) Do Ohio school nurses rate the Bailys' parental behavior examples or clusters as severe enough to refer as emotional maltreatment to local childrens services agencies?

2) Does the gender and/or race of the child affect whether the nurse will or will not refer the family for emotional maltreatment? I had hypothesized that the gender of the child would have no effect on nurse referral, but that the race of the child would. Since the lower socio-economic classes are often over-represented in referral of children to social service agencies, I thought that maybe more black children would be referred by nurses.

3) Does the number of years of school nurse experience, amount of training in child abuse and neglect, the number of cases of child emotional maltreatment reported, the number of own children and the nurse's own personal history of emotional abuse correlate positively with rating the examples as emotional maltreatment? I had hypothesized that these attributes of the nurse would correlate positively with rating the definitions as emotional maltreatment.

4) How well have school districts in Ohio complied with mandated child abuse training requirement of school personnel? For this question, I had hypothesized that less than 50% of the schools would have completed this requirement since the State had mandated the requirement but had not supported the trainings with funding.

REVIEW OF LITERATURE

Child abuse and neglect have been present for centuries. In the 80s researchers began writing about psychological maltreatment. In 1983 the first international conference entitled "Psychological Abuse of Children and Youth" identified eight domains of emotional abuse: verbal abuse, sexual abuse, living in a unstable environment, cultural prejudice, emotional neglect and institutional abuse (Brassard, Germain & Hart, 1987). The Child Abuse Prevention and Treatment Act in 1974 was the first federal law to recognize the concept of emotional maltreatment. (Burgess, Hartman & Kelley, 1990). Federal, state and local definitions of emotional maltreatment are often broad definitions that are vague and not operationally defined. Terms synonymous with emotional maltreatment are: psychological maltreatment, mental injury, emotional abuse and emotional neglect.

One of the more perplexing questions is whether emotional maltreatment should be defined by parental behavior alone and/or by the effect on the child. A parent throws a child onto the sofa in anger and the child sustains no physical injury. Is that abusive? A parent with the same anger throws the child toward the sofa, but the child lands on the floor and fractures an arm. Is that abusive? Some would define only the second situation as abusive because physical harm was caused; however, in the first instance the child may be emotionally injured (Ludwig, 1992).

Walter and Thelma Baily were project directors of a federally funded study that developed operational definitions of child emotional maltreatment in 1986. 207 professionals who had experience in the child abuse field (attorneys, judges, public health nurses, counselors, teachers, clergy, social workers and doctors) answered questionnaires and attended meetings. Operational definitions for emotional maltreatment were developed for three age groups: pre-school, latency, and adolescence. (Baily & Baily, 1986).

In the Bailys' (1986) study the question was asked "Can emotional maltreatment be defined by parent behavior alone?" 85% of the respondents answered "Yes" to the question. Children may learn to adapt to the present abuse, but have a delayed emotional reaction-such as sexual problems or alcoholism. Damage from abuse may show up as a "lack of" something: lack of self-esteem, self-confidence, self-directedness. Murdock stated that "Most emotionally neglected children go unnoticed and unattended until as adults they surface in mental health facilities" (Murdock, 1992).

The importance of better operational definitions of emotional maltreatment and the education of professionals about this subject becomes imperative when one reads the literature concerning the end result of emotional maltreatment. The greatest reason for studying emotional maltreatment is to "Reduce or eliminate harm to children" (Hart, Germain & Brassard, 1987, p. 9). The following negative conditions have been shown to result from emotional maltreatment: poor appetite, lying, stealing, encopresis, enuresis, low self-esteem, emotional maladjustment, reduced responsiveness, inability to become independent and to trust, depression, prostitution, failure to thrive, withdrawal, suicide, agression and homicide (Hart et al.,1987, p. 10-11).

School nurses as a specialty group have the responsibility to meet standards which include participation in research in school health and nursing practice (Proctor, 1993, p.52-53). Since child abuse and neglect cases are often handled by the school nurse, it becomes important that the school nurse profession begin to become involved in the many research questions that emotional maltreatment poses for many school and community professionals. Research by school nurses can improve student care and give accountability and new knowledge for nursing practice (Chauvin, 1992).

Research Design

This survey was conducted with the use of a mailed questionnaire. An adaptation of Baily and Bailys' questionnaire number seven (Baily & Baily, 1986) was used to answer the research question about how Ohio school nurses rated various parental behavior examples regarding emotional maltreatment of the school-age child. Nurses rated sixteen examples of parental behavior as to whether they "would" or "would not" refer the family to a local children's service agency. In order to determine whether the variable of gender had any impact on nurse referral, one-half of the questionnaires listed the sex of the child in the parental example as male in the "odd" numbered questions and as female in the "even" numbered questions. In the other one-half of the questionnaires the males were in the "even" questions and the females in the "odd" questions. Race was built in as a variable by making one-half of questionnaires A and B with the race described as "black," and one-half of the questionnaires with the race described as "white." This design resulted in four different questionnaires: A-1, A-2, B-1, B-2. The questionnaires were reduced to 79% of the original size and placed in a booklet that was saddle-back stapled. An 8" x 11" sheet of paper contained two one-half pages.

Pilot Test

A pilot test was conducted prior to sending out the questionnaire to the random sample in order to establish suitability and reliability. The researcher sent questionnaires to thirty school nurses in the Columbus area. Names were selected from the Central Ohio Association of School Nurses' mailing list. Nineteen of the nurses responded to one mailing. A KR-20 of .77 was calculated.

A possible contaminating variable that was discovered during the pilot test was nurse's reluctance to refer a behavior based on whether they felt that their local children services agency would take action. Fearing that no action would be taken, a nurse might not refer a family even though the nurse considered the behavior as emotional maltreatment. An additional statement was therefore placed in the instructions of the questionnaire asking nurses to disregard their concern about whether action "would" or "would not" be taken. Nurses were to judge each example and assume that the child was being subjected to this kind of parental behavior.

Information about personological variables was determined by nurses self-reporting information on the last several pages of the questionnaire :

years of school nurse experience, race of nurse, type and number of schools worked in, amount of training in child abuse and neglect, number of cases of emotional maltreatment reported by the nurse, number of cases in her schools, mandated training occurring and nurse attendance, and past personal history of emotional abuse. The number of those parental examples that were scored as "referred" was correlated with each of the personological variables.

Threats to external validity were assessed and controlled. Sampling error was eliminated by using a random sample of members of the Ohio Association of School Nurses. Random numbers were generated by the computer and names were selected with these numbers from the membership list. The researcher and nurses who had participated in the pilot study were eliminated from the original frame. Frame error was controlled because the mailing list that was used had been updated as of December 15, 1992 and no duplication of names was found on the list. Selection error did not occur since a mailing list was used with names being listed only once and no name had a greater chance of being selected than another. Non-response error was controlled by numerous follow-ups with non-respondents. A comparison of early to late respondents was done to control for non-response error (Miller & Smith, 1983). An early respondent was defined as one

who responded to the first mailing of the questionnaire. A late respondent was one who responded to the second questionnaire packet. Incomplete questionnaires were tabulated only if they were at least 90% complete.

Subject Selection

The population studied were members of the Ohio Association of School Nurses. Permission was obtained from the Board of Directors for use of the membership list and a sampling frame was obtained from the membership chairperson. This list of names included the entire membership of the organization for the school year 1992-1993. These members were licensed registered nurses with a school nurse certificate from the State of Ohio who had joined their state professional organization. This group was appropriate to study because a list of names was readily accessible and because research in the field of child maltreatment should intially start with those professional nurses whom are mandated to report child abuse and neglect. These nurses might differ from those school nurses who did not choose to join this organization. The latter might be less informed and/or motivated to continuing education and professional growth.

The size of the sample was determined from a table

for determining sample size (Krejcie & Morgan, 1970). The table indicated that with a population of 447 a sample size of 210 had to be drawn. The population proportion of those nurses who would "refer" or "would not refer" was assumed to be .50. Whether a nurse would "refer" or "not refer" is the main characteristic of the study. Using this sample size resulted in the researcher being 95% confident that the mean of the sample was within .50 of the true population parameter. The computer randomly drew numbers that were then matched with the membership list.

Subjects that declined to participate were considered non-respondents and were encouraged to respond by receiving a total of five mailings. A comparison was made of early to late respondents to control non-response error. Questionnaires that were at least 90% completed were tabulated. The remainder of incomplete questionnaires were discarded.

Outcome Measures

The instrument used to measure the attitudes of school nurses about referral of parents for emotional maltreatment was an instrument developed through a Federally funded project (Baily & Baily, 1986). The instrument used contains sixteen parental examples of

emotional maltreatment of the school-age child. The content validity for "emotional maltreatment" was developed and refined by a committee and forty professionals in each of five states who responded to nine questionnaires in one year. These professionals included attorneys, police, judges, public health nurses, school counselors, teachers and administrators, clergy, psychologists, social workers, physicians, psychiatrists, day care staff, homemakers, child development specialists, university faculty, and juvenile court staff. The questionnaires were used to develop and produce parent behaviors that were considered to be maltreatment,to develop possible consequences of maltreatment, and to evaluate the combined parent-child behaviors according to four criteria. Different age groupings of children were studied: pre-school (birth to five years), latency (ages 6-12), and adolescence (ages 12-17 years) (1986).

The questionnaire that was adapted for this research asked if school nurses "would" or "would not" refer parents or guardians to local social service agencies for the emotional maltreatment that is described in the sixteen examples (See Appendix A). The dichotomous variables "would not" or "would" were coded repectively as a 1 or 2 and were treated as nominal variables of measurement for statistical purposes.

CONDITIONS OF TESTING

Mail and Telephone Surveys: The Total Design Method by Dillman was the book that I followed in planning how to conduct this research. Five mailings were planned to increase the response rate. A post card was mailed to announce that a questionnaire was being sent. The first packet arrived at the end of that week with a cover letter, a questionnaire, and a pre-addressed stamped return envelope. Included was an incentive: an apple shaped magnet with the words "Words hit as hard as a fist". Permission from the League Against Child Abuse was obtained to use this slogan. A post card reminder was sent to all at the end of the second week. A complete duplicate packet was sent to all who had not responded at the end of the third week. A last post card reminder was sent at the end of week four.

Each questionnaire was initially coded with a number at the top. Names were checked off the original frame list when the questionnaire was received so that non-respondents could be again contacted. Names never appeared on the questionnaire.

Summary of Data

The accepting sample for this research was 186 respondents (an 89% response rate). A total of five questionnaires were discarded because they were incomplete. For varying reasons, 7 nurses refused to fill out questionnaires. Data were tabulated on a total of 174 questionnaires.

In order to control non-response error, a comparison was made of the early (n=150) to late respondents (n=24). A t-test was conducted at an alpha of .10 and no significant difference was found between the means of the two groups. The mean of the total score of the early respondents was 29.08 with a standard deviation of 3.06. The late respondents' mean was 28.17 with a standard deviation of 2.72.

Descriptive statistics were used to describe the nurses in this study. Nurses (n=174) reported their race as: 97% Caucasian, 2% African-American and 1% Hispanic. The nurses worked in 322 elementary schools, 129 middle schools and 128 high schools. The most frequent number of high schools worked in was one (56%), most frequent number of middle schools worked in was one (59%) and the most frequent number of elementary schools worked in was one (35%). The 174 nurses in the sample worked in a total of 579 buildings with an average of 3.3 buildings/nurse.

In this sample of Ohio School nurses, a little less than one-third reported having taught a class in child

abuse or neglect. When nurses were asked if they had this past experience (n=174), 27% of the nurses reported "Yes," and 73% reported "No". Approximately four times as many nurses reported "No" to a history of personal emotional maltreatment (82%) as to those who reported "Yes" to being emotionally maltreated (18%) . This percentage is about double the number of emotional abuse cases reported to Franklin County Children Services in 1990, and may reflect the phenomena of under-reporting that causes these statistics to belie the "true" incidence of abuse and neglect in the population.

Interval data further describes the school nurse population. The nurses had been employed in school nursing for an average of 12.5 years with a standard deviation of 7.6 and a range of 1 to 34 years. The average number of biological or adopted children of the nurses was 2.8 children with a standard deviation of 1.5 and a range of 0 to 10. The median number of children was 3.

Most school districts not only complied with the child abuse inservice, but provided more than the number of four required hours. For the variable of the number of hours of school inservice on child abuse and neglect, the nurses reported a range of from 1 to 16 hours of inservice with a mean number of 4.9 hours and a standard deviation of 2.4 hours.

Nurses reported that they had referred an average of 5.1 cases of child abuse in the previous year to an agency.That number ranged from 0 to 35 cases with a median of 3 cases and a standard deviation of 6.2. The total number of emotional abuse cases in the nurses' schools was estimated by the nurses and ranged from 0 to 420 with a mean of 16.9 and a standard deviation of 43.9. Of that number of estimated cases, the nurses reported to have referred far fewer cases then they said were present in their schools. The cases they reported averaged 2.1 with a range of 0 to 38 with a standard deviation of 4.06. The fact that there is a large discrepency between the reported number of emotional maltreatment cases and the number of cases that the nurses reported reflects the comment that many nurses made indicating that often other professionals in their buildings were responsible for reporting abuse and neglect. On the other hand, it could indicate that many emotional abuse cases are never reported at all.

Descriptive statistics summarized research question one about how Ohio school nurses rated the Bailys' parental clusters for the variable "would not" or "would" refer. For a sample of 174 school nurses, the percentage of those nurses that "would refer" the parental examples ranged from 51% to 99%. Three examples were rated referable by 99% of the nurses: one example (number 12)

involving forced sexual maltreatment, one (number 14) involving verbal assaults, physical restraint and confinement, and one (number 8) involving criminal activity and forcing a child to use drugs. Rated at 98% referable was number 9 which described the same behavior as in number 8, but the word "permit" was used rather than "force." Nurses felt that parental behavior described in number 2 that involved verbal abuse (criticism, telling a child that he is worthless, etc.) rated high for referral-93% of the nurses.

Three examples were rated 84%, 82%, 81% respectively: number 4: involving verbal battles and expecting adultresponsibilities; number 1: showing no attachment to the child; number 16: refusing professional help for behavior problems. In the 69% to 79% range were four cases (11, 7, 10, 6) that involved ridicule, unpredictable expectations and confusion of sexual identity. The lowest ratings ranged from 51% to 56%. Number 5 rated a 56% rating involving parents who express no physical closeness or hugging. Issues involving custodial fights between parents rated a 55% referral rate. The lowest rating went to the cluster (number 3) describing lack of praise and support.

A 2x2 factorial ANOVA was performed at an alpha level of .10 to answer research question two about the proportion of Ohio school nurses that "would" or "would not" refer parental example cases to a childrens services agency based on the race and gender of the child. The

analysis of variance indicated no significant difference in the means of the nurses' score on the tests in analyzing the effect or interaction of sex or race of the child. No significant difference in the referral score was found between the means for the two levels of the independent variable race (white, black) $F(1,346)=.98$, $p<.10$. Likewise, for the independent variable of sex (male, female), there was no significant difference between test scores $F(1,346)=.97$, $p<.10$. Nurses' referral rate was not affected by the race or gender of the child. No interaction effect was found between the race and gender of the child $F(1,346)=.21$, $p<.10$.

Correlations were made between the nurses' score on the outcome measure and their attribute variables to answer research question three. Scatterplots met the assumptions of linearity and homoscedasticity. The number of years of school nurse experience and the total score on the parental clusters showed a negligible association ($r=.07$). Apparently nurses' scores on the parental clusters were not influenced by on-the-job experience. Likewise, a negligible association was found between the number of hours in training in child abuse and neglect and the score on the examples ($r=.03$). Possibly nurses may have had enough previous background information in other class work that an additional four hour inservice might have no further impact on scoring parental examples for maltreatment.

The number of nurses own or biological children was

also found to have a negligible association with the total score (r=-.06). Parenting does not vary with a nurse's skill in detecting abusive home situations. Lastly, the percent of cases reported showed a low association (r=.17) with the total score. As was stated previously, nurses might not be the one expected to report a case of maltreatment even though they recognized a case and alerted other professionals. A nurse's own history of emotional maltreatment had a negligible association (r=-.05) when correlated with the score of the outcome measure.

Lastly, the research question four concerning whether school districts had provided an inservice on child abuse and neglect in the last four years as mandated by law was addressed. Nurses' responses indicated that 88% of the districts had complied with the law, 12% of the schools had not. My hypothesis that 50% or less of the schools would have completed an inservice was not supported. Apparently schools found the financial resources to plan and deliver workshops and felt that it was important that staff be provided with the information. Of those nurses who reported that their district had an inservice, 92% of those nurses reported that they had been in attendance. In the districts that provided an inservice, the nurses reported that 86% of the teaching sessions had content on emotional maltreatment.

Survey Comments

Besides referring cases of emotional maltreatment to a social services agency, nurses who responded to the survey offered other possible interventions to be used as an alternative or in addition to referring. Working with parents or encouraging them to participate in parenting classes was mentioned by some to reap more benefits than referring. Some nurses would make a home visit to investigate the family circumstances before deciding to refer. Some schools offer counseling sessions to those children whom are known to have been abused in order to help them learn better coping skills. Other schools offer a sexual abuse prevention program for students. One nurse mentioned that if she had doubts about how to proceed in helping the family she would call the social service agency for help in how to proceed. If uncertain about whether to refer or not, one school nurse said, "I would rather refer, and be incorrect in referral than to ignore a harmful situation."

Problems With Referral

School nurses face perceived and real difficulties when deciding whether to refer a case to a social service agency. Many nurses stated on the comment sheet of the survey that agencies were too overworked with other kinds of cases and that it does not help to refer emotional maltreatment unless bruises were involved. Agencies are sometimes viewed as believing that parental rights are more important than the rights of children; therefore, action may not be taken to benefit the child. One nurse commented on the fine line that exists between the family and state responsibilities. She felt that since America is a free society, agencies must work harder on healing families than moving children out of homes. Rather than refer a case of emotional maltreatment to an agency and have it get "lost in the shuffle," one nurse felt that intermediate referral sources were needed. One nurse negativly evaluated the child welfare system and felt that children are victims of this system.

At times nurses mentioned that past experience with reporting maltreatment to an agency resulted in such an unsatisfactory experience that they were reluctant to continue to refer. The agency does not remedy the situation, the child is returned to the home and the abuse cycle continues. Continuing to report with persistence was a strategy that one nurse mentioned. She felt that a large file of reports on one family might encourage action to be taken.

The School Nurse Role in Dealing With Maltreatment

Comments were made concerning the perceived role of the school nurse in dealing with maltreatment of children. This can only be effective, one nurse commented, when nurses are available on a daily basis. It is very difficult when the nurse is in another building to deal with an emotional crisis. It is difficult to deal with abuse issues by nurses who have a ratio of one nurse to 10,000 students or even for the nurse who is responsible for 1400 students. With such large case loads it is often difficult for the nurse to get to know the families involved. Principals and guidance counselors often are called upon to deal with maltreatment issues if the nurse is absent from the building.

Besides the long-term effects of emotional maltreatment, school nurses "See the remnants of emotional maltreatment by an overabundance of somatic complaints." The role of the nurse involves dealing with not only the immediate emotional crisis which can cause physical symptoms, but some felt that it was an important role of the nurse to educate parents and community members about child abuse and neglect: "Nurses need to implement programs and procedures in which the educational system can identify, intervene and educate families about all forms of abuse."

Research's Contribution to the Health of Children

Knowledge gained from this research can educate health professionals who care for abused children. The knowledge can encourage the school nurses to detect abuse early, intervene when necessary, and work on prevention programs in the community.

School nurses who had previously lacked an instrument to use as standards of evidence in assessing cases of emotional maltreatment could now use the Baily parental clusters. These clusters were found to be reliable in the pilot study completed prior to this survey research. Since twelve out of the sixteen clusters were rated referable by a range of 75% to 99% of the respondents (n=174), a school nurse could feel very comfortable in referring similar family situations to the proper local children services agency. If a nurse was faced with intervening in a case that received the lower percentage ratings (51% to 69%), she might decide to seek other intervention strategies.

The instrument could be used in the community to begin discussion with social service agency personnel about how to begin to deal with the issues presented in these cases. School nurses could present cases for discussion. Intervention strategies could be planned for similar situations.

Similarly the emotional maltreatment clusters could be used as a tool for discussion of problematic families in school intervention teams with nurses, principals, counselors, and psychologists. Behaviors exhibited by a particular family could be examined with discussion of intervention strategies. Secondly, the clusters could help school professionals to objectively define and report in writing concerns to community agencies. Last, and maybe more importantly, these clusters could be used as an educational tool in workshops, journal articles and other professional communications to describe and illustrate emotional maltreatment of children.

After educating school nurses and school personnel about emotional maltreatment, it would seem logical to include parent groups, through PTAs or parent organizations, in a prevention plan and program. Parenting groups were mentioned numerous times by school nurses in this study as an important intervention strategy.

Ongoing assessment of school nurses' effectiveness in caring for children without prejudice or bias is important. Members of the Ohio Association of School Nurses can be proud to know that the empirical evidence gathered in this research study shows nurses as being objective and unbias in assessing cases of emotional maltreatment. This is good news compared to the often

heard reports of unfairness and discrimination of students by school personnel. The responding school nurses in this survey would refer cases to an agency based on the events in the child's life and not on the personal characteristics of the child.

Future Research

Future research in emotional maltreatment of children could build on the knowledge found in this survey research. This research could be replicated with school nurses in other states. Comparisons could be made between the states. Other professional groups could be surveyed: teachers, social workers, school counselors or psychologists. Additional information could be sought from these groups about the various kinds of intervention strategies that are found effective.

Second, because so many nurses expressed frustrations about dealing with overworked social service agencies, more research into effective case load management of cases in various agencies may be productive. Researching outcomes of emotional maltreatment cases could help agencies and school personnel understand how to deal more effectively with emotional maltreatment problems.

Third, school nurses could research the instrument used in this study to determine if indeed it is a workable tool for intervention teams. The instrument could be sent to nurses who would agree to use it. Cases of emotional maltreatment could be compared to evidence in these parental behavior clusters to see if there is reason to refer a family to an agency or begin different interventions. Follow-up could determine whether the instrument was useful and whether the outcome of discussion was referral or other interventions.

Fourth, the parental behavior clusters could be refined by someone who is interested in testing and measurement to more accurately measure what cases nurses "would" or "would not" refer. Each cluster could be content analyzed and expanded to produce an instrument that would discriminate the degrees of maltreatment that nurses would refer. This would result in description of behaviors that were more detailed with varying levels of severity of maltreatment. The instrument could be improved by developing a scale of other professional interventions that nurses often use besides referring to an agency. Variability could be improved by developing a "weighting" system for each parental behavior case.

Finally, published results of school nurses' attitudes about emotional maltreatment of school-age children in school health or nursing journals could sharpen the knowledge and skills of all personnel so that families receive needed help in parenting. Information about the effects of emotional maltreatment could be taught to parents in published articles in parents' magazines. New knowledge for school personnel and parents could lead not only to successful interventions, but could prevent emotional maltreatment from occurring.

CONCLUSION

In closing, many participants in this research took time to write many thoughtful comments on the questionnaires demonstrating the depth of their concern for the topic of emotional maltreatment. Let's hear what these nurses said:

"I see an increasing number of students that receive emotional and verbal abuse at home."

"The invisible scars of children may cause more of a life-time impact than obvious bruises, caused by physical injury."

Emotional abuse is rampant in my school district."

"It is heart-breaking for us to see these children who are not shown love and warmth come to us as wounded, little scared birds."

"I wish I could refer parents for "Terminal Meanness!"

"Emotional abuse in my experience is often far more damaging than physical abuse."

"Words hurt worse than physical pain and last a lifetime. Parents are often unaware that their behavior is abusive because they grew up in a household where verbal abuse was common."

"This is as area of total frustration because agencies do not protect children."

"I almost wish for just one bruise so that intervention will occur."

"I know that gut feelings are not proof of abuse. What happens to my "little ones" as they go through their teen years is very often proof that my feelings were correct."

Farber and Egeland (1987) studied the concept of whether certain children are invulnerable to emotional abuse depending on their social surroundings. They found "Few competent survivors among physically or emotionally abused children." This was especially true if the maltreatment occurred in the early years of the child's life.

If school nurses wish, as Hart said, to reduce or eliminate harm to children, then the issues of emotional maltreatment must be addressed.

I am very honored to receive this award and thank the members of the Ohio Association of School Nurses who participated in this research and thank my colleagues in Columbus and Worthington who supported me.

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APPENDIX A

SAMPLE QUESTIONNAIRE

IN THE SPACE BELOW PLEASE WRITE YOUR COMMENTS ABOUT THIS SURVEY OR ABOUT THE TOPIC OF "EMOTIONAL MALTREATMENT" OF CHILDREN.

THANK YOU!

3F

OHIO SCHOOL NURSES

DEFINE

EMOTIONAL MALTREATMENT

OF

SCHOOL-AGE CHILDREN

QUESTIONNAIRE A-1

Please read the following examples of parental behavior and make a recommendation if you would or would not refer this family to your local children services agency for emotional abuse or neglect. Make your decision on the basis of whether you believe each case contains abusive behavior, not on whether you believe your local childrens' service agency will take action. Assume that the children in the examples are of school age: 5-12 years old.

1. The parents show no attachment to their black son and fail to provide nurturance. The parents typically fail to call the child to meals, wake him in the morning, recognize his presence, keep promises or agreements, or otherwise act as if he is a member of the family. The parents almost never listen to the child's questions, fail to give praise for his accomplishments, and almost never ask about or show interest in the child's welfare. (Circle number).

1. WOULD NOT REFER
2. WOULD REFER

2. The parents consistently single out their black daughter to criticize and punish, to perform most of the household chores and to receive fewer rewards. The child is frequently called derogatory, offensive and obscene names and also told that she is worthless and unwanted. The parents blame the child for most, if not all, domestic and financial problems. The child is shamed or humiliated, especially in the presence of peers, and is also ridiculed for displaying normal emotions. The parents routinely require the child to eat all meals in isolation or seclusion from the family gathering or at a different time. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

3. The parents have unrealistic expectations of achievement for their black son and criticize, punish, ostracize or condemn the child when he does not achieve far above his normal abilities in areas such as school, arts, sports, and social status. The parents typically respond to the child's accomplishments with denigration or criticism, comparing them unfavorably and/or critically to adult performance. Praise, support, or recognition for improved skills are typically not given. The parents often tell the child that he is a failure. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

4. The parents make inappropriate demands on and exploit their black daughter by expecting her to take care of the parents, to be a companion, to protect the parents from outsiders, and to perform household tasks/functions which the parents are unwilling to do. The child is used as a spy, ally or confidante in the parents' romantic relationships, marital or divorce problems, and, as a result, is frequently caught in verbal battles between and among adults. Excessive household and adult reponsibilities are consistently demanded of the child. As a result of all these parental functions which the child must perform, she is often kept home from school and is unable to take part in peer activities for social development. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

5. The parents express no affection toward their black son and avoid and resist all physical closeness such as hugging, touching, or smiling. Whenever the child asks the parents for assistance, he is either ignored, told to keep quiet, told to come back later or told to leave the area. The parents typically speak to the child only to give orders, criticize, accuse or demand. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

6. The parents confuse their black daughter's sexual identity. The parents force the child to dress in clothing that is inappropriate for both sex and age, resulting in social ostracism. The parents frequently address, refer to, define, or tease the child as if she were a member of the opposite sex. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

7. The parents provide no stability or security for their black son. Expectations are unpredictable and change frequently, resulting in requirements for the child that range from rigid at one time to indifference to behavioral standards later. The parents regularly encourage or tell the child to leave home, threaten to expel the child, to send him to a "home" or to have the child "locked up." The parents refuse to listen to the child's position and do not protect the child from unwarranted criticism or abuse from others. The parents regularly lie to their son about the other parent, relatives, and siblings. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

8. The parents expose their black daughter to maladaptive and harmful influences. The parents engage in serious criminal activity with full awareness of the child, also encouraging the child to steal, engage in other illegal activities and to attack others. The parents force the child to use marijuana and alcohol and to become "high" or intoxicated, all for the entertainment of the parents and their friends. The child is exposed to the parents' regular intoxication. The parents also force the child to watch cruel behavior toward a family pet and encourage her to torment and abuse animals. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

9. The parents expose their black son to maladaptive and harmful influences. The parents engage in serious criminal activity with the full awareness of the child, also permitting the child to steal, engage in other illegal activities and to attack others. The parents permit the child to use marijuana and alcohol and to become "high" or intoxicated, all for the entertainment of the parents and their friends. The child is exposed to the parents' regular intoxication. The parents also permit the child to watch cruel behavior toward a family pet and permit him to torment and abuse animals. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

10. The parents do not permit their black daughter autonomy or independent learning. The parents become angry, insulting and/or critical toward the child if she expresses any individual thoughts or opinions or has feelings about situations or people which are different from the parents. The parents consistently tell and threaten the child that if she tries to make decisions independent of the parent, or is too curious, then terrifying consequences, possibly death, will happen to the her. The parents always speak for the child and do not permit any independent expression or treat the child as a separate person with her own concerns. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

11. The parents regularly denigrate and ridicule their black son, stating, without foundation, that he reminds everyone of a person who is totally offensive and unacceptable to the family. Although innocent, the parents frequently call him names, such as liar, thief, or whore, and regularly tell the child that he is physically unacceptable, such as too thin, too fat, or uncoordinated. The child is also shamed for showing normal emotions such as affection, grief or sorrow. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

12. The parents sexually exploit their black daughter by forcing her to watch pornographic materials. The parents perform sexual acts in the presence of their daughter and force her to either watch or photograph adults engaged in sexual intercourse. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

13. The parents sexually exploit their black son by permitting him to watch pornographic materials. The parents perform sexual acts in the presence of the son and allow him to either watch or photograph adults engaged in sexual intercourse. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

14. The parents use excessive threats and physical punishments in an attempt to control their black daughter. They include loud shaming in public, verbal assaults and taunts by household members, requiring the daughter to wear signs in public which state the type of misbehavior, shaving the head, or using physical restraints for several hours or more, such as tying to a bedpost, confinement in a closet or car trunk, forcing the child to stoop or squat, and deprivation of food, water, and toilet facilities for more than six hours. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

15. The custodial parent undermines their black son's attachment to the other parent by consistently refusing all legitimate opportunities or requests for visits between the child and the other parent, even when these are requested by the child. The custodial parent regularly makes angry, critical, derogatory, or untrue statements about the other parent in the presence of, or to the child, and constantly pressures the child to reject other family members, especially during marital conflict or separation/ divorce. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

16. The black female child displays serious behavioral problems at home and at school and is not performing up to her potential at school. The parent has consistently refused to permit any professional to assess the child's problems, and has also announced that the child is forbidden from participating in any remedial education or counseling services. (Circle number)

1. WOULD NOT REFER
2. WOULD REFER

Finally, I would like to ask a few questions about yourself.

1. Number of schools working at each level. (Fill in blanks)

ELEMENTARY _____
MIDDLE _____
HIGH _____

2. Number of years worked in school nursing. (Write in number)

_____

3. Approximately, number of cases of child abuse reported to social service agencies last school year by you. (Write in number)

_____

4. Approximately, number of emotional maltreatment cases in your schools last school year. (Write in number)

_____

5. Number of emotional maltreatment cases in your schools last school year reported to social services agencies by you. (Write in number)

_____

6. Has your school district provided an inservice for teachers, nurses, administrators and other professional staff on child abuse and neglect within the last four years? (Circle number)

1 YES
2 NO → IF YOUR SCHOOL DID NOT HAVE AN INSERVICE SKIP TO QUESTION 10.

7. If your school had an inservice,did you attend? (Circle number)

1 YES
2 NO

8. If your school had an inservice, how many hours of instruction were provided? (Write in number)

_____

9. Did the inservice have any information on emotional abuse? (Circle number)

1 YES
2 NO

BEST COPY AVAILABLE

10. Have you personally taught any classes on child abuse and neglect either in your schools or community? (Circle number)

1 YES
2 NO

11. Research indicates that, at some time, many children experience emotional abuse by their parents or guardians. Do you feel you were emotionally abused by your parents or guardians? (Circle number)

1 YES
2 NO

12. Total number of children (biological or adopted) whom you have raised or are currently raising. (Write in number)

_____

APPENDIX B

SYLLABUS GIVEN TO CONFERENCE PARTICIPANTS
(Operational definitions with percentage ratings of referrals)

OPERATIONAL DEFINITIONS OF EMOTIONAL MALTREATMENT OF SCHOOL-AGE CHILDREN

(BAILY & BAILY,1986)

Rated by Ohio School Nurses (N=174) for the characteristic "WOULD" or "WOULD NOT" refer to a social service agency. (Bjerke, 1993)

1. The parent exposes the child to maladaptive and harmful influences. The parent engages in serious criminal activity with full awareness of the child, also encouraging the child to steal, engage in other illegal activities and to attack others. The parent forces the child to use marijuana and alcohol and to become "high " or intoxicated, all for the entertainment of the parents and their friends. The child is exposed to the parent's regular intoxication. The parent also forces the child to watch cruel behavior toward a family pet and encourages the child to torment and abuse animals.

WOULD REFER 99%
WOULD NOT REFER 1%

2. The parent sexually exploits the child by <u>forcing</u> the child to watch pornographic materials. The parent performs sexual acts in the presence of the child and forces the child to either watch or photograph adults in sexual intercourse.

WOULD REFER 99%
WOULD NOT REFER 1%

3. The parent uses excessive threats and physical punishments in an attempt to control the child. These include loud shaming in public, verbal assaults and taunts by household members, requiring the child to wear signs in public which state the type of misbehavior, shaving the head, or using physical restraints for several hours or more, such as tying to a bedpost, confinement in a closet or car trunk, forcing the child to stoop or squat, and deprivation of food, water, and toilet facilities for more than six hours.

WOULD REFER 99%
WOULD NOT REFER 1%

4. The parent exposes the child to maladaptive and harmful influences. The parent engages in serious criminal activity with the full awareness of the child, <u>permitting</u> the child to steal, engage in other illegal activities and to attack others. The parent <u>permits</u> the child to use marijauna and alcohol and to become "high" or intoxicated, all for the entertainment of the parents' friends. The child is exposed to the parents' regular intoxication. The parent also permits the child to watch cruel behavior toward a family pet or permits the child to torment and abuse animals.

WOULD REFER 98%
WOULD NOT REFER 2%

5. The parent sexually exploits the child by permitting the child to watch pornographic materials. The parent performs sexual acts in the presence of the child and allows the child to either watch or photograph adults engaged in sexual intercourse.

WOULD REFER 97%
WOULD NOT REFER 3%

6. The parent consistently singles out the child to criticize and punish, to perform most of the household chores and to receive fewer rewards. The child is frequently called derogatory, offensive and obscene names and also told that he/she is worthless and unwanted. The parent blames the child for most, if not all, domestic and financial problems. The child is shamed or humiliated, especially in the presence of peers, and is also ridiculed for displaying normal emotions. The parent routinely requires the child to eat all meals in isolation or seclusion from the family gathering or at a different time.

WOULD REFER 93%
WOULD NOT REFER 7%

7. The parent makes inappropriate demands on and exploits the child by expecting the child to take care of the parent, to be a companion, to protect the parent from outsiders, and to perform household tasks/functions which the parent is unwilling to do. The child is used as a spy, ally or confidante in the parent's romantic relationships, marital or divorce problems and as a result is frequently caught in verbal battles between and among adults. Excessive household and adult responsibilities are consistently demanded of the child. As a result of all these parental functions which the child must perform, he/she is often kept home from school and is unable to take part in peer activities for social development.

WOULD REFER 84%
WOULD NOT REFER 16%

8. The parent shows no attachment to the child and fails to provide nurturance. The parent typically fails to call the child to meals, wake him/her in the morning, recognize his/her presence, keep promises or agreements, or otherwise act as if he/she is a member of the family. The parent almost never listens to the child's questions, fails to give praise for accomplishments, and almost never asks about or shows an interest in the child's welfare.

WOULD REFER 82%
WOULD NOT REFER 18%

9. The child displays serious behavioral problems at home and at school and is not performing up to his/her potential at school. The parent has consistently refused to permit any professional to assess the child's problems, and has also announced that the child is forbidden from participating in any remedial education or counseling services.

WOULD REFER 81%
WOULD NOT REFER 19%

10. The parent regularly denigrates and belittles the child, stating without foundation that he/she is different, in many undesirable ways, from others in the household, or that he/she reminds everyone of a person who is totally unacceptable by the family. Although innocent, the child is frequently called a liar, thief or whore and is regularly told that he/she is physically unacceptable, such as too fat or uncoordinated. The child is also shamed for showing normal emotions such as affection, grief or sorrow.

WOULD REFER 79%
WOULD NOT REFER 21%

11. The parent provides no stability or security for the child. Expectations are unpredictable and change frequently, resulting in rigid requirements for the child at one time to indifference to behavioral standards later. The parent regularly tells the child to leave home, threatens to expel the child, to send him/her to a "home" or have the child "locked up." The parent refuses to listen to the child's positions and does not protect the child from unwarranted criticism or abuse from others. The parent regularly lies to the child about the other parent, relatives and siblings.

WOULD REFER 77%
WOULD NOT REFER 23%

12. The parent does not permit the child autonomy or independent learning. The parent becomes angry, insulting and/or critical toward the child if he/she expresses any individual thoughts or opinions or has feelings about situations or people which are different from the parents. The parent consistently tells and threatens the child that if he/she tries to make decisions independent of the parent, or is too curious, then terrifying consequences, possibly death, will happen to the child. The parent always speaks for the child and does not permit any independent expression or treat the child as a separate person with his/her concerns.

WOULD REFER 75%
WOULD NOT REFER 25%

13. The parent confuses the child's sexual identity. The parent forces the child to dress in clothing that is inappropriate for both sex and age, resulting in social ostracism. The parent frequently addresses, refers to, defines, or teases the child as if he/she were a member of the opposite sex.

WOULD REFER 69%
WOULD NOT REFER 31%

14. The parent expresses no affection toward the child and avoids and resists all physical closeness such as hugging, touching, or smiling. Whenever the child asks the parent for assistance, he/she is either ignored, told to keep quiet, told to come back later or told to leave the area. The parent typically speaks to the child only to give orders, criticize, accuse or demand.

WOULD REFER 56%
WOULD NOT REFER 44%

15. The custodial parent undermines the child's attachment to the non-custodial parent by consistently refusing all legitimate opportunities or requests for visits between the child and the non-custodial parent, even when these are requested by the child. The custodial parent regularly makes angry, critical, derogatory, or untrue statements about the non-custodial parent in the presence of, or to the child, and constantly pressures the child to reject other family members, especially during marital conflict or separation/divorce.

WOULD REFER 55%
WOULD NOT REFER 45%

16. The parent has unrealistic expectations for the child and criticizes, punishes, ostracizes or condemns the child when he/she does not achieve far above his/her normal abilities in areas such as school, arts, sports, and social status. The parent typically responds to the child's accomplishments with denigration or criticism, comparing them unfavorably to adult performance. Praise, support, or recognition for improved skills are typically not given. The parent often tells the child that he/she is a failure.

WOULD REFER 51%
WOULD NOT REFER 49%